

Consumer Protection Bureau
87 Nepperhan Ave
Room 212
Yonkers, NY 10701

City of Yonkers
Cigarette Retail Dealer
License Application

Phone: 914 377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:
This license is not transferable.

Requirements:

1. All licenses expire the 31st of January following the date of issuance. (\$50.00 replacement fee for lost licenses).
2. Number of persons that can be employed therein.
3. Photocopy of New York State Vendor Certificate or Certificate of Authority. If you do not have this card, call the NYS Department of Taxation at (914) 933-2204 for information as to how to apply for the card.
4. Copy of a valid Driver's License issued by the Motor Vehicle Department. If you do not have a Driver's License, a copy of a Motor Vehicle issued State ID Card is required
5. A violation of any provision of this Chapter 31 Sections 152-157 shall constitute a Class II offense which carries a maximum penalty of \$5,000 and a maximum of 15 days imprisonment.
6. Copy of New York State Certificate of Registration of Retail Dealers and Vending Machines for the Sale of Cigarettes and Tobacco Products.
7. Proof of Citizenship or INS card
8. Checks payable to the City of Yonkers.

LICENSING FEES AND EXPIRATION DATE

\$100.00/one year term
License expires January 31st following date of issuance.

Philip A. Amicone, Mayor
Office of Municipal Code Violations, Frank J. McGovern, Executive Director
Consumer Protection Bureau, Kerry O'Brien, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:		Social Security #:		
Address:				
City:		State:		Zip:
Home Phone #:		Cell #:	E-mail:	
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #:				
Name of Business:			Tax ID#:	
DBA (If applicable):				
Address:		City:	State:	Zip:
Telephone:				
E-mail:				
Describe type of establishment this is (i.e. gas station, deli, card store etc.):				
List Names of all Employees (please use additional paper if necessary):				
I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true.				
Signature/Date: _____ Print name: _____				
_____ Notary Public				

License #: _____	Date Issued: _____
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Philip A. Amicone, Mayor
Office of Municipal Code Violations, Frank J. McGovern, Executive Director
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